Westminster Homecare Limited

Westminster Homecare Limited (Colchester)

Inspection report

Unit 2, Albany Gardens
Haven Road
Colchester
Essex
CO2 8HU

Tel: 01206869789

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Westminster Homecare Limited (Colchester) was inspected on 7, 9 and 16 November 2017. The inspection was announced. Westminster Homecare Limited (Colchester) had a comprehensive inspection in September 2016 and we identified a number of concerns and rated the service 'requires improvement.' We asked the provider to take action in response to our findings. We undertook a focused inspection in January 2017 to check what actions they had taken to improve the management of medicines. At the focused inspection we found that some progress had been made and medicines were being managed in a safer way, the overall rating remained 'requires improvement.'

Westminster Homecare Limited (Colchester) is a domiciliary care agency. It provides personal care to people living in their own home in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 102 people. There was a registered manager in post who was present at the previous inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that some of the improvements that they had previously made to the management of medicines had been sustained. There were greater levels of oversight and checks undertaken on the records and the medicines being administered to people.

Governance and auditing had also improved across the service and overall people's experience was better. However the management of the service had not yet ensured consistency of practice across the service. People and staff continued to have some concerns about the scheduling of visits and how changes to the schedules were communicated. The operational management team told us that they intended to undertake further analysis of travel times for staff to address these concerns.

Risks were identified but risk management plans were not always clear or specific to the individual. Care plans were large and difficult to follow which placed people at risk of receiving inconsistent care.

There were clear systems in place to manage safeguarding concerns. Staff were clear about the procedures in place and we saw that where there were concerns referrals were made appropriately to protect people.

Staff recruitment systems were robust and staff did not staff work until these were complete. Staff spoke positively about the induction and training they received when they started to work for the agency. Ongoing training was provided to all staff to ensure that they were up to date with best practice and changes to the law. Staff received regular supervision and spot checks were undertaken to ensure that staff were meeting people's needs and working to the required standards.

People were supported to eat and drink sufficient amounts and were offered choice. Where concerns were

identified in people's wellbeing the agency made appropriate referrals to other professionals. People had good access to health care support.

People had good relationships with the care staff who supported them and told us that they were kind, caring and treated them with dignity. There were clear systems in place to respond to complaints. Investigations were undertaken and apologies given when necessary.

The manager was approachable and there were arrangements to respond to people who used the service and staff outside of office hours. Staff understood their responsibilities in supporting people to live a full and independent life; however staff morale varied with some staff positive but others reporting a lack of team work across the service. People's views on the quality of the service were sought in a number of ways including telephone monitoring and questionnaires. Regular staff meetings were held and newsletters sent out to improve communication. There were no formal systems in place to work with other providers who were also providing support to individuals and we have recommended that these are developed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks were identified but management plans did not always clearly document the steps that staff should take to reduce the likelihood of harm.

There were adequate numbers of staff available to support people but there was a lack of contingency planning which meant that people sometimes experienced issues with scheduling and communication.

There were systems in place to reduce the risk of abuse as staff had undertaken training in identifying and responding to concerns.

People's medicines were managed in a safer way.

Infection control procedures were in place and offered protection to people from the risk of acquiring infections.

Is the service effective?

Good

The service was effective

People needs and choices were assessed and their care monitored.

Staff received training and support to enable them to meet the needs of people who used the service.

People were supported to make decisions about their care.

People were referred appropriately to external services when their needs changed.

People were supported to eat and drink.

People were supported to live healthier lives and access health care when they needed to.

Is the service caring?

Good

The service was caring

People were supported by staff that were kind and caring.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were at risk of inconsistent care because care plans were not always accessible or clear.

There were systems to respond and investigate people's concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not well led

There was a quality assurance system in place and there were greater levels of oversight. However further work is needed to imbed the changes and ensure consistency across the service.

Westminster Homecare Limited (Colchester)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken between the 7 and 16 November 2017. The inspection was announced. We gave the service 24 hours' notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people who use service and staff about their experience of the agency. We had 29 responses from people who used the service and their relatives and nine responses from staff.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. We also contacted the local authority quality team and we used their comments to support our planning of the inspection.

As part of the inspection, we spoke to seven people who used the service and ten relatives. We undertook

visits to five people who received care in their home. We spoke to staff both in person and by telephone; in total we spoke with eight care staff as well as five staff from the head office team, including the coordinator, the registered manager, operations support manager and operation manager.

We visited the office on 7 and 17 November 2017 and reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records, medication, accident and incident records. We looked at records of staff meetings and a range of quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection we found that people did not always receive support from a consistent carer at the time they preferred or told to expect. At this inspection the feedback from people using the service was more positive, and some people told us that they were supported by a consistent team of carers who knew them well. One person told us, "The carers are all very good. I have my favourites of course, but I do see the same one's each time and I like them all. They always turn up and will let me know on the occasions they are late."

However other people continued to express concerns about communication and scheduling. One person said, "Care workers are sometimes not given enough time to travel from one address to another, as a result they sometimes limit the length of time here. …. because of the above they are sometimes so rushed that they do not give the fullest attention to some tasks." Another person told us, "I do have a bit of a problem with the times. It can be up to lunch time for my first call, which is too late, and after 8pm for my last. They do stay for the correct length though."

We saw that people were sent out schedules which identified which carer would be supporting them each day. However people told us that this did not always work, One person commented, "When given the roster they then change it without letting me know. That makes carers late through not their fault. I have to ring office to find out." The feedback from staff was variable, some staff were positive and told us that their rota worked well but other staff told us that they did not always have enough time between visits to get to their next call so they were often late. They said that there were high staff sickness and their rotas often changed at the last minute. The registered manager told us that they currently used a standard measure of time between calls and that travel time balances out over the day. In response to our feedback the operational support manager told us that they would commission a time and motion study to review timings across the service. Staff confirmed that there was a call system which worked outside of office hours and this provided them with the support and back up that they needed to protect them and people from harm.

The guidance given to staff about how risks should be managed to keep people safe were not always presented in an accessible format. This meant that risks may not be effectively managed. People's care plans contained assessments of risk relating to the environment, including fire safety, the use of electrical and gas appliances, and specialist equipment such as a beds and hoists. The risk management plans were lengthy and were not individualised or specific to the individual. For example with regard to moving and handling plans they did not consistently record how equipment should be used to keep the person safe. There were also gaps in documentation, for example one person had diabetes but we could not see any evidence that the risks associated with this had been assessed and plans outlined for staff to follow to minimise the risk. We discussed these areas with the registered manager and they agreed to immediately follow them up.

At our last comprehensive inspection in September 2016 we identified shortfalls with medicine management and issued a warning notice. We returned in January 2017 and found that improvements had been made. At this inspection we found that the improvements to medicine management had been

sustained. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people had received their medicines and saw that this corresponded with what people had been prescribed. Staff told us that they received medication training and their practice was observed to ensure that they were competent. We observed four people being administered their medicines and saw that this was undertaken in line with their care plan.

Audits were undertaken on a regular basis depending on the level of medicines and risk. We looked at a sample of these audits as part of our inspection and saw that where shortfalls were identified these were discussed with the individual staff and clarification sought. Where there were examples of repeat errors retraining was provided to ensure that staff understood their responsibilities. We saw some examples where staff were not always recording the amount of medicine and the start dates on boxes and it was agreed with the registered manager that these would be followed up. There was also the potential for some confusion as some of the MARs had been prepopulated with text which was not always amended to reflected peoples individual needs.

People told us that they felt safe with the care staff. One person told us, "I think they are a fantastic service." Another said "I have no concerns at all with Westminster Homecare. I feel safe with them and feel I can trust the staff; as far as you can trust anyone these days."

We found that people were protected from the risk of abuse because staff had an understanding of abuse and were trained to identify and report any concerns they might have. Staff we spoke with gave us examples where they had flagged up issues of concern and told us that they were taken seriously by the management of the service. Body maps were used to record changes in people skin and possible causes of bruising. Staff had access to a range of procedures such as safeguarding, whistleblowing and procedures outlining the steps staff should take if there was no reply when undertaking a visit. Financial transaction sheets were completed by staff when they undertook shopping on people's behalf which were collected by the office and regularly audited. The manager maintained a log of safeguarding incidents and we saw that they had appropriately raised concerns with the local authority for investigation. Disciplinary processes were instigated when shortfalls in staff practice were identified.

Staff told us that they had been interviewed and that all relevant checks had been obtained to ensure that they were suitable to work with people who used the service. We looked at recruitment files for three newly appointed members of staff and saw that references, identification checks and criminal records checks had been undertaken prior to them starting their employment. The provider had a policy of verifying references and we saw that follow up telephone calls had been undertaken with references to check the accuracy of the reference.

There were systems in place to protect people by the prevention and control of infection. We observed that Staff wore gloves and aprons (PPE) as appropriate for the task and washed their hands. Staff told us that they received training on infection control and food hygiene and had good access to a range of personal protective equipment. Spot checks which were undertaken on the care provided looked at how staff were using PPE.

There was some evidence of learning from errors but this was not consistent. Incidents were reviewed by the registered manager and provider to identify what they could have done differently and what could be done to minimise future risks. We saw examples of this with regard to the management and oversight of medicines. However they did not have any tools to collect data on missed calls and we saw that some incidents were not being identified as missed and therefore there was no learning. One person for example told us that they had missed calls as they were unable to get to the door in time when the carers came. The

registered manager and operational manager told us that missed calls tracker was being developed by the registered provider.

Good

Is the service effective?

Our findings

People expressed confidence in the staff skills and their ability to meet their needs. One person told us, "They sometimes show new staff what to do so I see them training people in the job. They know my routine inside out. Everyone knows what they are doing." Another person told us, "I have two excellent carers who are really good with my personal care. They know what I need and get on with it. They are very thorough."

We found that the provider had systems in place to provide staff with the skills and knowledge they needed to meet people's needs. Staff told us that the induction training they received was informative and provided them with the knowledge they needed. We saw that care workers completed initial induction training which covered areas such as health and safety, nutrition, safeguarding and moving and handling. We noted competency assessments and quiz's on staff files which staff completed after training to demonstrate their understanding of what they had learnt. Staff told us that as well as the training they shadowed an experienced member of staff before working unsupervised

Care staff were booked onto refresher training which was held on a rolling basis of between one to two years. Attendance was monitored via a software package and staff who consistently failed to attend were taken off shift until the mandatory training was completed. Staff were positive about the quality of the training and told us that they liked the fact that the majority of the training was face to face which meant that they could discuss what they were learning and how it could be applied.

There was support available to help people access additional qualifications and a number of the staff were undertaking the Qualification and Credit Framework (QCF) training. The registered manager told us that some staff were having difficulty accessing a new training provider and they were supporting them to access this. We saw that staff received regular spot checks by senior staff to check that they were following their training and working to the required standard. One member of staff told us that they receive spot checks on their performance every, "3 to 6 months."

People's needs and choices were assessed and support provided in line with the current legislation. People's needs were assessed when they first started to use the service and the assessments we viewed were detailed and included details on people's choices and the expected outcomes. Care packages were reviewed at regular intervals depending on the individuals' needs and complexity of the care package. Where people had specific health conditions the registered manager told us that the staff would be provided with specialised training to enable them meet the needs of the individual. They told us that they identified areas where the training could be further developed and were in the process of commissioning training on diabetes and epilepsy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and the staff we spoke with understood the

importance of giving people choices and ascertaining their consent before providing care. However some of the documentation was not clear and we have recommended that they review this to ensure that consent and capacity are clearly documented.

People were supported at mealtimes to access food and drink although much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or people having frozen meals ready to be reheated. Where people were supported with meals we were told that this was done well. We saw that the carers were supporting one person to live a healthier life and helped them to prepare batches of healthy meal options which they then put into the freezer for reheating. People told us that staff always left drinks to enable them to stay hydrated. We observed people being offered choices about what they wanted to eat and staff offering people drinks before leaving. One person told us, "They make me a sandwich and will always ask me what I want on it. They always offer me a choice and are very good." A relative told us, "[My relative] is putting weight on so I don't have any concerns about them not eating." Care plans documented what people liked and reinforced the importance of promoting choice, for example; "[Persons name] will tell you what they like for breakfast" and "Prepare a meal of [Persons name] choice."

People were referred to external services when they needed additional support. One person told us, "They have called the doctor, in the past, when I was not well" Another person told us about staff attending with the physiotherapist to check on their mobility.

Staff spoken to were able to give examples of where they had identified people whose health was deteriorating and communicated with health professionals such as the district nurse for advice. We saw for example, where staff had been proactive in seeking advice from one individual's GP about whether they should continue with a specific treatment. In people's care records staff recorded changes to people's wellbeing and the actions they had taken such as calling a family member when they noted a rash on an individual's skin. We observed that staff were alert to health issues, for example, before leaving the visit the member of staff made sure the person legs were lifted onto the chair, as outlined in the care plan.

Good

Is the service caring?

Our findings

People spoke highly of individual staff and told us that they were treated with kindness respect and compassion. One person told us "You will never get another carer like her." Another person told us, "The carers are all very kind and can't do enough for you. In fact, it is as if they can read my mind and I have total faith in them. They are brilliant."

During our visits staff were observed being caring, providing people with emotional support. They showed interest in people's wellbeing and chatted with them about their day. Where necessary they provided reassurance and comfort. We observed a member of staff taking a person to the toilet. The member of staff told us, "They sometimes say no but I encourage them to go because otherwise it puts pressure on [their partner] which is not fair. It would be easy to be in an out in 10 minutes but that is not right."

People were enabled to express their views and were actively involved in making decisions about their care. One person told us that, "They listen to both of us... and that is important to me as (person)'s partner and main carer." Another person told us, "I have a good relationship with them, our communication is good." We saw that one person had specific preferences about their care and how it was delivered. They were positive about how their care was provided and told us, "The office say I am too fussy but I just like what I like." We saw that the service understood what was important to the individual and saw things from their point of view, making sure that they had a consistent team of carers. We observed people being offered choices such as what they wanted to eat and whether they wanted to get up and in their chair. We saw from the care plans we viewed that people were consulted and their preferences documented such as, what they liked to eat and drink and how their care should be delivered.

People privacy dignity and independence was promoted. People told us that the staff were respectful and they were treated in a dignified way. One person told us, "They are polite and greet me warmly each time they come." Another person told us, "I have never heard them gossiping about other people... they are too professional for that." We observed that personal care was delivered in a discreet and sensitive manner. Staff were respectful and attentive, checking with people before they left to make sure that they had all they needed or if there was anything else they wanted them to do.

Care plans providing reminders to staff of what was important to the individual such as how they liked tasks undertaken and the gender of staff. People told us that their independence was promoted and they were encouraged to do as much as they could for themselves. One person told us, "They let me wash myself as much as possible.. I just have a problem drying myself."

Requires Improvement

Is the service responsive?

Our findings

People were involved in identifying their needs and in developing a care plan. One person told us, "I do have a care plan and they check that I am happy when they come round to see the paperwork." However the care plans were large and information was not presented in an accessible way for staff or people using the service. For example some of the care plans were 40 pages in length with 'yes, no or not applicable' answers which did not always make sense or provide clear information. As a result there were risks that key information could be missed. One person's care plan stated that they were allergic to Penicillin on one page but on another section two different medicines were identified.

Staff were not always familiar with the contents of the care plan for example on persons care plan stated that they should have a soft moist and mashed diet and supervision at all times when supporting to eat and drink. However this was not what happened in practice and staff regularly recorded on the notes entries such as, "Eating on leaving." Staff told us that they did not always have time to read the care plan and said that they referred to the weekly schedule which provided a brief summary of people's needs but this was very task focused.

Care plans did not focus on people's whole life, their goals skills and abilities. One of the peoples whose care we looked at had specific cultural needs but we could not see that these had been fully considered and guidance provided to staff on how their values and beliefs would influence how their care was delivered.

The shortfalls in care planning are a breach of Regulation of Regulation 9 of the Health and Social Care Act 2014.

Some staff clearly knew people well and supported the same individuals on a regular basis so we saw that they knew what the individual liked to watch on television and the things that were important to them. They knew their families and relationships that were important to them. One person told us, "They are all nice and will help me with anything I need. …they always make time for a chat as they work." Another said, "I like the care staff in the main. There are always staff holidays to cover but I have a good rapport with my main carers. They show an interest in my hobby collecting and it really helps when they do, as it brightens the day for me." However other staff told us that their visits were regularly changed and this meant that they visited people that they did not know very well.

Daily records were maintained which outlined the care provided on each visit. We found that these were completed as required and provided an overview of the care provided and any areas which required further intervention or observation.

Care plans were regularly reviewed and one person told us that, "It has just been looked at because I have been in hospital." Another person told us, "I have a care plan which they do come and update quite often and they do ask me for feedback from time to time."

We looked at the policy and the records of complaints and we saw that there was a clear process which

included investigation and responding to the complainant at the end of the process. People told us that they knew how to raise concerns. One person told us, "I haven't needed to complain but the office staff are nice enough." Another person said, "I have raised concerns in the past. I am satisfied with the outcome." One person told us that they had an issue with one of the care staff and after speaking with the office they were not sent again. Where shortfalls in practice were identified through the investigation apologies were given and the staff disciplinary processes were followed. We saw that provider had oversight of complaints through the auditing processes.

People were supported to make decisions about their preferences for end of life care. As part of care planning people future wishes were recorded however this was very brief and would benefit from further expansion and discussion. It was not clear for example whether there was a 'Do not attempt resuscitation' (DNACPR) in place to guide staff on the steps that they should take in the event of a medical emergency.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection comprehensive inspection in September 2016 we identified a breach in Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014. We found that the audits that were undertaken were not sufficiently robust and the service had not identified or addressed issues around the scheduling of care calls and peoples moneys. Following the last inspection we asked the provider to make improvements to the monitoring system in place. The provider subsequently submitted an action plan detailing how they intended to address the shortfalls. In their action plan they told us that they intended to strengthen some of the internal processes and auditing.

At this inspection we saw that changes had been made and there were clearer lines of accountability. Audits in areas such as medication and people's money were more robust than previously. The audits that we looked at had identified some of the areas and inconsistencies in documentation that we identified at the inspection and actions were in place to address the shortfalls.

The manager was being supported by a new operational manager and support manager. They had made changes to the organisation and oversight of the service and there was increased reporting and analysis of data. There was a greater focus on spot checks, supervisions, appraisals and competency checks. We saw that the changes that had been made had brought improvements to customer satisfaction.

The feedback from people using the service was more positive than previously. One person told us, "The manager is very nice and I can't suggest any improvements. I would happily recommend them and I am very happy with the company." Other comments included, "When you ring the office they are very pleasant and polite. I like their professionalism and they show understanding of my situation. I would recommend them to others."

However we continued to receive less favourable feedback from people using the service and staff about the scheduling and communication. Staff morale varied with some staff being very positive but others telling us that they were pressurised to pick up additional calls and describing an us and them culture when referring to office staff. Staff did not feel empowered and told us that they did not always feel listened to. The issue around scheduling has been a consistent theme at the last two inspections, and while improvements have been made, people's concerns have not yet been fully resolved.

Care and support was not always well coordinated when people were receiving care from different agencies. We saw that one person was receiving personal care from two agencies however there were no protocols or formal systems in place to communicate and ensure that care was effective and that people were having their needs met. We have recommended that they develop a policy and protocol for working with other providers to ensure that people receive joined up care.

People, relatives and staff were able to provide feedback about the service to the provider through telephone monitoring, home visits and surveys, the results of which were collated. The registered manager told us that they were working on issues and while they had made large strides it was still a work in progress.

The area manager confirmed that they were not currently in a growth period and wanted to consolidate some of the changes they had made.

The registered manager was supported by supervisors who worked in the field with carers and coordinators who worked in the office. There was an on call system which operated out of hours and was overseen by staff who worked in the office and they told us that they had access to electronic system and schedules which enabled them to give informed advice. We saw that team meetings were held in the different locations and newsletters sent out. These served as mechanisms to update staff on changes and learning opportunities as well as reminders on expectations. Staff also had access to a comprehensive set of policies and procedures in relation to the different aspects of the service. It was evident from our review of records that the registered manager was understood their responsibilities in regard to making reports to the relevant authorities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not always clear or assessable which placed people at risk of receiving inconsistent care.